

warded to the Association Secretary, 450 Sutter Building, San Francisco, for transmittal.

At this time it may be stated that the members of the Council of the California Medical Association—who have given many hours of thought to conditions and complications which have arisen in California medical and hospitalization service activities—urge again upon all who have special responsibilities in these matters to keep in mind the importance of the issues at stake. The outlook approach should take into consideration not only the immediate present, but the days yet to come. Let past misunderstandings be relegated to the rear. The question is, how to bring about a unification of endeavors that will more thoroughly promote the fundamental objective of offering to California citizens who belong to the lower income bracket groups, the best medical and hospitalization service available, and at costs within the financial resources of those citizens. If the give-and-take spirit is displayed in broad-minded manner, a happy solution of the major problems should be possible.

#### **MATERNITY-PEDIATRIC PROGRAM OF THE FEDERAL CHILDREN'S BUREAU AND ITS MANDATORY FEE SCHEDULE AND OTHER REGULATIONS**

**Rules and Regulations of the Federal Children's Bureau Are At Fault.**—Because of its deficiencies, the maternity-pediatric program discussion brought into being by the Federal Children's Bureau—through its regulations which, in essence, place in operation in most portions of the United States a mandatory below-cost fee schedule for professional services rendered to wives and infants of enlisted men—will not down. As further California evidence on this point, the attention of readers is directed to the resolutions approved by component county medical societies of the California Medical Association, some of which appeared in the September number on page 178; others, more recently adopted, appearing in this issue on pages 282-284, and 293.

It is as difficult as ever to explain why the lay executives of the Federal Children's Bureau and their medical subordinates should have deemed it proper to inflict upon a profession—whose members, both in the armed forces and in civilian practice, have made for themselves such an exceptional record of generous and wholehearted service to our country and fellows—a compulsory schedule of fee payments and other regulations through a method that may be characterized as a sort of back-door entrance for socialized medicine.

In discussions concerning adequate medical care, it is always a source of wonderment to physicians why certain lay welfare reformers and their governmental co-workers fail to appreciate that some of their supposedly altruistic designs and improvements for "bigger and better medical service" will not do other than result in "lesser and worse medical service" for the very citizens for whom they claim they are working!

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**Autocratic Expression of Paternalistic Power.**—The maternity-pediatric program of the Federal Children's Bureau is a case in point. Our country

is at war. The objective of adequate professional care for the wives and infants of enlisted men is an aim to which all alike give full accord. Nevertheless, it is apparent that members of the medical profession find themselves at a disadvantage in opposing the method of payment for the professional services rendered, as put forth by the Federal Children's Bureau of the United States Department of Labor. Under existing conditions, when its plans are criticized or opposed, it is an easy task for a bureaucracy to apply the smear brush of non-patriotic coöperation. It is all the more regrettable that a small group of persons in a lay governmental bureau—with or without the wholehearted consent of their medical associates and advisors—can be given the power to decide for a group of some 150,000 doctors of medicine the exact amount and procedures in service and payment for stipulated prenatal, confinement, and postpartum care. However, it is a consoling thought to know that it is one thing to give a manifestation of such arbitrary power, and another, to maintain it to the end. In this instance, time will show, especially so, since the program can be maintained only through repeated deficiency bill appropriations by Congress, in the consideration of which the objections of physicians to the Federal Children's Bureau's autocratic rulings may very properly be called to the attention of Congressmen.

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**Letter of Council to California Medical Association Members.**—The principles at stake in the Federal Children's Bureau plan have such important relationship to the maintenance of proper standards in obstetric and pediatric work that the OFFICIAL JOURNAL of the California Medical Association can follow no other course than to keep the members of the Association acquainted with developments as they arise. For those who are interested, reference should be made to recent maternity and pediatric items (Items XXXI to XXXVII) which appear in this issue on pages 282-284, and 293.

Special attention is called to the letter dated October 22, addressed to the members of the Association (see Item XXXI on page 282), in which the course of action for individual physicians, as interpreted by the California Medical Association Council, is outlined. For double emphasis, the following excerpts are here presented:

The Council of the California Medical Association did not change its action previously taken wherein the decision concerning participation in the Federal Children's Bureau plan was left to individual members of the State Association. In regard thereto, the situation is as follows:

1. The California Medical Association has expressed approval of the objective to provide adequate maternal-pediatric care to the wives and infants of enlisted men;
2. The Council of the California Medical Association has *not* given approval to the regulations of the Federal Children's Bureau whereby the payments *must* be made to the attending physician;
3. Members of the California Medical Association are free agents in this work; each physician to decide for himself under what conditions he is willing to give the indicated professional services.

Since the physician has the privilege of deciding for himself whether he will or will not participate in the plan

outlined by the Federal Children's Bureau, the following additional information is given:

(a) A physician is at liberty to sign Part II of the prospective mother's application (which she obtains from a local board of health, the same being a State Board of Health form), but in so doing, the physician obligates himself to give the professional services stipulated for the money consideration also outlined. Further, the physician agrees that he will not accept additional compensation for the said services from the patient or patient's family. Provided, that services rendered prior to the day the prospective mother signed the application, or for services not stipulated in the prenatal, confinement and postpartum agreement, may be charged against the patient. (It is important that the physician read the agreement and inform himself concerning the services he will be called on to render before he signs a prospective mother's application.)

(b) Members of the California Medical Association are also free to determine for themselves whether they will accept such patients as private patients, under agreements mutually agreeable between patient and physician; but in such cases the physician must refrain from signing the agreement which the health boards give to prospective mothers who make request therefor.

However, if this latter course of a personal arrangement is followed, it is important to remember that the prospective mother will not be entitled to hospitalization. (Note: However, if the attending physician accepts no remuneration for himself, his patient will be entitled to hospitalization.)

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#### **Resolutions of Five of the Pacific States.—**

Attention of readers is also called to the resolutions adopted by representatives of the medical societies of Oregon, Washington, Arizona, Idaho, and California, who held a meeting in San Francisco on Tuesday and Wednesday, November 2 and 3, 1943, on call issued by the Committee on Maternal Welfare of the State of Washington. These resolutions appear on page 293.

#### **PUBLIC RELATIONS SURVEY CONCERNING MEDICAL PRACTICE**

**A Misinformed Public.**—At a meeting held on October 10, 1943, the Council of the California Medical Association took action on several matters of great importance to medical practice in California. The minutes appear in this issue and should be scanned or read by every member of the California Medical Association, since the decisions reached may have a direct influence on medical practice in this State at the present time and for the more remote future.

The unsettled conditions that are a part of the global war in which our country is now engaged have led not only to radical changes in industrial, agricultural, and economic relationships, but have also brought to the front a host of social welfare problems. Some of these latter welfare or human betterment proposals have serious implications for medical standards and practice. The proponents of such measures are more than active, not only in putting forth militant educational propaganda, but what is of more serious import, securing legislative enactments designed to lay the foundation for far-reaching plans that would radically change the practice of medicine. Once such a foothold is secured, through either state or federal enabling or

other legislation, it is almost certain to follow that the officials concerned with the administration of the activities will seek to enlarge the scope of their jurisdictions and projects. It is well known that many of the plans on matters related to the problems concerned with adequate medical care have been under the sponsorship or supervision of lay persons or bureau chiefs, sometimes with, and at other times, without the advice of physicians who are in active practice.

The proponents of the "new order" put forward their propositions under a banner of idealistic altruism, thus making it doubly difficult for physicians to bring to citizens a proper understanding of the principles at stake. All kinds of smoke screens are used to becloud the issues and, as a result, many voters are persuaded to accept programs with which they would not be in sympathy had they previously been supplied with true information. Because of such propaganda, it is not surprising that the attitude of citizens to the medical profession has undergone a great change in the last ten years or so. If the reaction of coldness or antagonism to organized medicine is permitted to continue, it will not be long before scientific medicine and the quality of medical practice in general will be placed in real jeopardy. Such a result must not be permitted to come to pass. It is not yet too late to bring about a change of view.

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#### **Attention Is Directed to the Survey Now Under Way.—**

Members of the Association who make a point of keeping in touch with Council proceedings may have noticed Item 9 of the minutes of the meeting of August 22 (page 173 of CALIFORNIA AND WESTERN MEDICINE for August), in which reference was made to the plan submitted by Speaker Askey of Los Angeles, emphasizing the need of a survey that would give to the Association a more accurate picture of California public opinion, in so far as it relates to the medical profession.

In the current issue appears the report of the Special Committee then appointed (Item 5 on page 273). It will be noted that the Council of the Association deemed it to be expedient to authorize the making of a survey, the same to be started at an early date. The services of the well-known firm of Foote, Cone and Belding, successors to the nationally known Lord and Thomas group, have been engaged to do the work. Readers are requested to inform their colleagues of the above action, since it will be possible to carry on the work with better results if physicians generally know about the proposed survey. Doctors will then be in better position to register their approval should they be called on to express to patients or friends an opinion of the investigators operating for the California Institute of Public Opinion, that being the name under which the survey will be carried on. It is hoped to secure an accurate cross section of California public opinion representing all walks in life. With proper support by the physicians of the State, this should be possible. Next steps in procedure will then be in order.